

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 568841

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			/			
4		3				
5		1				
6	1		1			
7			/			
8			/			
9		2				
10		3				
11		1				
12	1					
13		3				
14		3				
15	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	22	←	13	←		←
TOTAL CLAIMS	24		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						